PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10006356

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	28	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	28 minus 20=	* 8
INDEPENDENT CLAIMS	5 minus 3 =	* 2
MULTIPLE DEPENDENT CLAIM PRESENT		☐

	SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
	RATE	FEE		RATE	FEE
BASIC FEE		370.00	OR	BASIC FEE	740.00
	X$ 9=	72.00	OR	X$18=	
	X42=	84.00	OR	X84=	
	+140=		OR	+280=	
TOTAL		592.00	OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	X$ 9=		OR	X$18=	
	X42=		OR	X84=	
	+140=		OR	+280=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	X$ 9=		OR	X$18=	
	X42=		OR	X84=	
	+140=		OR	+280=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	X$ 9=		OR	X$18=	
	X42=		OR	X84=	
	+140=		OR	+280=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
   The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO.

EXAMINER

ART UNIT   PAPER NUMBER

DATE MAILED:

NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under 37 CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application Fee Determination Record (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

☐ A. Filing Fees due upon filing the application

    Total Filing Fees Due   = $ 370

    Less Filing Fees Submitted   - $(Ø)

    BALANCE DUE   = $ Ø

☐ B. Fees due in connection with the amendment filed on ___Claims___

    Total Fees Due   = $ 72

    Less Fees Submitted   - $(63)

    BALANCE DUE   = $ 9

ATTACHMENT: FORM PTO-875

_____
Clerk of Group

APPLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH PAYMENT

Fee submitted $_____   Signature _____

CERTIFICATE OF MAILING

I hereby certify that this notice and the required additional fee are being deposited with the U.S. POSTAL SERVICE as first class mail in an envelope addressed to:

Commissioner of Patents and Trademarks, Washington, D.C. 20231, on (date)_____

Print Name: _____   Signature:_____

PTOL-319 (Rev. 7-92)

4

NOTICE OF FEE DUE

DATE: 12-12-01

TO: _____

FROM: Office of Initial Patent Examination

SUBJECT: Fee Due

APPLICATION NUMBER: 10006356

A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency.

☑ Insufficient fee by check

☐ Insufficient funds in deposit account

☐ Declined credit card

☐ Non authorization for charge to deposit account

☐ No fee submitted per requirement

The correct fee code: _____ amount $ 326.00

The suspended fee code: 197 amount - $ _____

Fee Due amount = $ _____

If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.

Terminal Operator _____